

## King County Request for Enhanced Family Member Life/AD&D Coverage

Office Use Only	Date Received	Processed By	Effective Date
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To add new family members for enhanced life or enhanced AD&D insurance coverage, you:

- Must currently have enhanced life or enhanced AD&D insurance for yourself
- Must make the request within 60 days of the qualifying event that added the new family member(s) or within 60 days of when your spouse or domestic partner left employment with King County (if adding a formerly ineligible spouse or domestic partner)
- May add only the new family member(s) or a formerly ineligible spouse or domestic partner for the enhanced coverage you have
- Must submit this form with the Add Family Members for Benefit Coverage Form to Benefits & Well-Being, Yesler Building YES-HR-0500, 400 Yesler Way, Seattle WA 98104-2683 (phone 206.684.1556/fax 206.684.1925).

### ■ Enhanced Life Insurance

You pay for this optional insurance. If your new spouse or domestic partner works for King County you cannot elect enhanced coverage for each other and only one of you may elect enhanced coverage for your children. Evidence of insurability may be required.

Choose one of the following options for adding family members for enhanced life insurance:

- ☐ I decline enhanced life insurance for family members at this time
- ☐ New child(ren) at \$5,000 each
- ☐ New spouse/domestic partner only at 50% of my enhanced amount
- ☐ New spouse/domestic partner at 50% of my enhanced amount with new child(ren) at \$5,000 each

### ■ Enhanced AD&D Insurance

You pay for this optional insurance. If your new spouse or domestic partner works for King County, you cannot elect enhanced coverage for each other and only one of you may elect enhanced coverage for your children.

Choose one of the following options for adding family members for enhanced AD&D insurance:

- ☐ I decline enhanced AD&D insurance for family members at this time
- ☐ New child(ren) at 10% of my enhanced amount
- ☐ New spouse/domestic partner only at 50% of my enhanced amount
- ☐ New spouse/domestic partner only at 100% of my enhanced amount
- ☐ New spouse/domestic partner at 50% of my enhanced amount plus new child(ren) at 10% of my enhanced amount
- ☐ New spouse/domestic partner at 100% of my enhanced amount plus new child(ren) at 10% of my enhanced amount

### ■ Employee Authorization

*I currently have enhanced coverage for myself in the category(ies) in which I've requested it for my new family member(s). I understand this request must be submitted within 60 days of the qualifying event that added my new family member(s). I have read and understand the additional materials describing enhanced life and AD&D insurance for family members, including when coverage begins and evidence of insurability requirements. I authorize King County to deduct the cost of the enhanced coverage I have chosen from my paycheck. I understand the elections I have made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit a new enrollment form.*

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name \_\_\_\_\_ Contact Phone (\_\_\_\_\_) \_\_\_\_\_

Paid ☐ 5<sup>th</sup> & 20<sup>th</sup> each month Pay ID No \_\_\_\_\_ Soc Sec No \_\_\_\_\_

☐ Every other Thursday